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JCS86 U.S. PTO
09/748068

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Box PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Date: December 22, 2000

Docket No 9771110-07

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Joachim Wottrich
Mitchell Budniak
Ronald A. Coia
For: Multi-Test Circuit Breaker Locator

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231, on this date.

12/22/00 Paula M. Theismann
Date Paula M. Theismann

Express Mail Label No. EL676986182US

Enclosed are:

- ☒ 16 pages of specification, 7 pages of claims and an abstract for filing a continuation in part patent application of USSN 09/061,434 filed April 17, 1998 and U.S. Serial No. _____ filed through the PCT on November 2, 1999 under Ser. No. PCT/US99/25775
- ☒ an unexecuted oath or declaration, with power of attorney by inventors Joachim Wottrich and Ronald Coia.
- ☒ an executed oath or declaration, with power of attorney by inventor Mitchell Budniak.
- ☒ 9 sheet(s) of informal drawing(s).
- ☐ _____ sheet(s) of formal drawings(s).
- ☐ Assignment(s) of the invention to _____.
- ☐ Assignment Form Cover Sheet.
- ☐ A check in the amount of \$ _____ to cover the fee for recording the assignment(s) is enclosed.
- ☐ Associate power of attorney.

Fee Calculation For Claims As Filed

a) Basic Fee							\$	710.00
b) Independent Claims	3	-	3 =	X	\$80.00	=	\$	
c) Total Claims	41	-	20 = 21	X	\$18.00	=	\$	378.00
d) Fee for Multiple Claims				X	\$270.00	=	\$	
Total Filing Fee							\$	1088.00

- ☒ Applicant claims small entity status (37 CFR 1.27) reducing Filing Fee by half to 544.00
- ☐ Check No. _____ in the amount of \$.00 to cover the filing fee is enclosed
- ☐ Charge \$ _____ to Deposit Account No. 19-3140.
- ☐ Other _____

☐ The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 19-3140. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-3140. Two duplicate copies of this sheet are enclosed.

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